

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Bm		08-12-01
O.I.P.E. CLASSIFIER		u/gw	8/17/01
FORMALITY REVIEW	BZ	TC3-883	29-12-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral) ... Canceled                      A ..... Appeal  
÷ ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	2/2/01
2	✓
3	0
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	0
14	✓
15	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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TC811  
29/13/01